Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

■ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For the 2021 c	alendar year, or tax year beginning $07/01/21$, and ending $06/30/22$.11							
В	Check If applicable:											
. !	Address change	HUMANITY INC Doing business as 75-2040756										
, '	Name change Initial return	-	m/suite	75-2040756 E Telephone number 903-236-0900								
	Final return/	City or town, state or province, country, and ZIP or foreign postal code										
	terminated	LONGVIEW TX 75606	ŀ	G Gross rece	elpts \$ 2,239,368							
1	Amended return	F Name and address of principal officer:		G Oldas lect								
1	Application pending		(a) Is this a grou	p return for st	bordinales? Yes X No							
			(b) Are all subc	rdinales incl	ided? Yes No							
		LONGVIEW TX 75601	lí "No,"	atlach a list.	See Instructions							
1	Tax-exempt status;	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527										
J			(a) Group exer	notion numbe	854 5							
ĸ	Form of organization		formation: 1		M State of legal domicile: TX							
7	STATE OF THE PROPERTY OF THE P	ummary			· · · · · · · · · · · · · · · · · · ·							
		escribe the organization's mission or most significant activities;			*							
& Governance	ಆರಾಹಕ	TING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANIT THER TO BUILD HOMES, COMMUNITIES AND HOPE.	Y BRING	S PEOI	PLE							
Ver	2 Charlett	is box ▶ is the organization discontinued its operations or disposed of more than 25% of its										
တိ	2 Check if			1 1	12							
		of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)			12							
Activities	5 Total nu	mber of Individuals employed in calendar year 2021 (Part V, line 2a)	• • • • • • • • • • • • • • • • • • • •	. 5	18							
휹	6 Total nu				568							
Ř	7a Total un	mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12			0							
	h Net upre	lated business taxable income from Form 990-T, Part I, line 11		7b	0							
	D Not dille	lated business taxable income from our 300-1, 1 art i, into 11	Prior Yea		Current Year							
a	8 Contribu	tions and grants (Part VIII, line 1h)	1,05	7,235	1,545,248							
Revenue	9 Program	service revenue (Part VIII, line 2g)		0	0							
eve	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		2,092	2,935							
应	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3:	9,888	84,754							
	12 Total rev	renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,09	9,215	1,632,937							
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0							
	14 Benefits	paid to or for members (Part IX, column (A), line 4)		0	0							
ά	15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5–10)	28	0,422	558,490							
Expenses	16a Professi	other compensation, employee benefits (Part IX, column (A), lines 5–10) onal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) ▶ 22,198			0							
Š	b Total fur	draising expenses (Part IX, column (D), line 25) ▶ 22,198										
Ш	Trotheres	penses (Part IX, column (A), lines 11a-11d, 111-24e)		9,377								
	18 Total ex	penses. Add ilnes 13–17 (must equal Part IX, column (A), line 25)		9,799								
	19 Revenu	e less expenses, Subtract line 18 from line 12		9,416								
SQ	300	4.15.13.13.13	ginning of Cur		End of Year							
Net Assets or	20 lotalas	sets (Part X, line 16)		2,454	2,641,792							
let A	21 Iotalila	ets or fund balances. Subtract line 21 from line 20		7,998 4,456								
		ignature Block	2,50	4,450	2,392,935							
				· · · · · · · · · · · · · · · · · · ·) II b 4 # 1							
Under penalties of perjury, I declade that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.												
e.		Signature cyofficer		→1 Dele								
	gn	TAJUAN GORDON CEO			? 193							
П	ere	Type or print name and title		1 UC	<u>(4)</u>							
	Print/Tv	pe preparer's signature Preparer's signature	Date	Ohaal	IT PTIN							
Pa	ً أ ندا	A, JACKS, CPA Harin a. Jachs, cpa	7/24	Check	` "							
	eparer Firm's n	TARREST A TROUGH & ACCOUNTAGE DOC			75-2886572							
	e Only	PO BOX 3167		lrm's EIN ▶	13 2000312							
	Firm's a	TONOUTER BY PECOC 21CF		hone no.	903-238-8822							
Ma	***************************************	ss this return with the preparer shown above? See instructions		HOTHE HO.	X Yes No							
_	·	uction Act Notice, see the separate instructions.	**********		Form 990 (2021)							

Pø	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
	Briefly describe the organization's mission: SEEKING TO PUT GOD'S LOVE INTO ACTION, HABITAT FOR HUMANITY BRINGS PRIOGETHER TO BUILD HOMES, COMMUNITIES AND HOPE.	EOPLE
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes X No
	If "Yes," describe these new services on Schedule O.	
3	. ,, ,	
		, Yes ∫X; No
4	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
E	la (Code:)(Expenses \$ 593,318 including grants of \$) (Revenue \$ BUILD, SELL AND FINANCE HOMES FOR ECONOMICALLY DISADVANTAGED FAMILIE; HOMES ARE SOLD AT NO PROFIT AND FINANCED AT NO INTEREST. ORGANIZATION COMPLETED 2 HOMES IN FISCAL YEAR 2022.	Ŋ
		<i>.</i>
4h	th (Code: \/Fypages \$ 777 443 including graphs of \$ \/ \(\text{(Powerly 6}\)	
I N	b (Code:)(Expenses \$ 777,443 including grants of \$) (Revenue \$ PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022.	OR U.S. IES IN
I N	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/ MILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT	OR U.S. IES IN
I N	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022.	OR U.S. IES IN
I N	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022.	OR U.S. IES IN
I N	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022.	OR U.S. IES IN
I N	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022.	OR U.S. IES IN
I N	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022.	OR U.S.
I N	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022.	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022.	OR U.S. IES IN
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F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
F 4c	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN
4c 1	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/MILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ including grants of \$) (Revenue \$ N/A	OR U.S. IES IN
4c 1	PROVIDED CRITICAL HOME REPAIRS FOR LOW-INCOME ELDERLY, DISABLED AND/OMILITARY VETERANS. HABITAT COMPLETED 124 HOME REPAIRS ACROSS 3 COUNT FISCAL YEAR 2022. See (Code:)(Expenses \$ Including grants of \$) (Revenue \$	OR U.S. IES IN

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/iru				is both a or/Iruste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LAJUAN GORDON	40.00	x		x				96,856	0	0
(2) TASHIA BRADLEY	0.00	^		-A.	-			30,830	V	<u> </u>
DIRECTOR	0.00	x						0	0	0
(3) BRAD DIGGINS										
DIRECTOR	0.00	х						0	0	0
(4) KEVIN FINCH										
DIRECTOR	0.00	х						0	0	0
(5) ANNICE GERMON	0.00									
PAST PRESIDENT	0.00	x		x				o	o	0
(6) ALEXANDER GOULD	0.00	1		12				0	<u> </u>	U
VICE PRESIDENT	0.00	x		x				0	0	0
(7) CHERYL JACKSON										
DIRECTOR	0.00	х						0	0	0
(8) JAY MITCHELL										
TREASURER	0.00	х		х				0	0	0
(9) TROY MOORE	0.00									
PRESIDENT	0.00	х		x				0	0	0
(10) WALLY RYHMES	0.00									
DIRECTOR	0.00	х						0	0	0
(11) LISA SEELEY	0.00									
SECRETARY	0.00	Х		X				0	0	0

Par	t VII Section A. Officers	, Directors, Tru	stee	s, K	эу Е	mpl	oyee	s, a	nd Highest Compensated	l Employee@ontinued)			
	(A) Name and Illie	(B) (do not check more than one hours officer and a director/trustee) per week					ls both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		s t
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)			from the organization and elated organizations	
(12) KURT TRUELOVE												
DIR	ECTOR	0.00	x		 				0	O			0
(13		0.00	х						0	0			0
	,												
		.,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
, . ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
1b	Subtotal							>	96,856				
c d	Total from continuation she Total (add lines 1b and 1c).								96,856		 		
2	Total number of individuals (increportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 of			
3	Did the organization list any for employee on line 1a? If "Yes,"	rmer officer, dire	ctor,	trust	lee, l uch	cey o	emple Vidua	oyee	e, or highest compensated			Yes	No X
4	For any individual listed on line organization and related organ	izations greater t	han	\$150	,000	? If	"Yes,	" co	mplete Schedule J for such	m the		4	x
5	Individual Did any person listed on line 1stor services rendered to the organization.	a receive or accri	ne co	ompe	ensa	lion	from	any	unrelated organization or in	dividual		5	X
	on B. Independent Contracto	ors										<u> </u>	
1	Complete this table for your fiv compensation from the organize	ation. Report co							ır year ending with or within	the organization's tax year.	<u></u>		
	Name and	(A) business address						\vdash	Descri	(B) otion of services		Compens	allon
												,	
											•		*
						.,		1					
2	Total number of independent or received more than \$100,000 or								e listed above) who	0			

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt (D) Revenue excluded (C) Unrelated business revenue from tax under sections 512-514 46,406 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 936,092 1e All other contributions, gifts, grants, 562,750 and similar amounts not included above 1f g Noncash contributions included in 332,393 lines 1a-1f 1,545,248 h Total. Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue ,..... g Total. Add lines 2a-2f \blacktriangleright 3 Investment Income (including dividends, interest, and other similar amounts) 2,935 2,935 income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6a Gross rents 6a 6b b Less: rental expenses C Rental Inc. or (loss) 6c d Net rental income or (loss) Gross amount from (I) Securities (II) Other sales of assets other than inventory 7a b Less: cost or other Other Revenue basis and sales exps. 7b 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 38,800 8a b Less: direct expenses 8b 17,394 c Net income or (loss) from fundraising events 21,406 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities . \blacktriangleright 10a Gross sales of inventory, less returns and allowances 613,223 10a b Less: cost of goods sold 589,037 10b c Net income or (loss) from sales of inventory 24,186 24,186 **Business Code** 36,687 MORTGAGE DISCOUNT AMORT 36,687 MORTGAGE LATE FEES 2,475 2,475 d All other revenue e Total. Add lines 11a-11d \blacktriangleright 39,162 Total revenue. See instructions 1,632,937 63,348

2,935

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a respo				
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations			8011010100	
'	and domestic governments, See Part IV, line 21				
2	Grants and other assistance to domestic				
L	Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
J	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
5	•	96,856	62,956	24,214	9,686
c	trustees, and key employees	50,000	02,000		3,000
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		372,214	246,630	123,543	2,041
7	Other salaries and wages	JIE /EII	240,030	123,343	2,041
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)	47,469	31,330	13,766	2,373
9	Other employee benefits	41,951	27,687	12,166	2,373
10	Payroll taxes	41,901	21,001	12,100	2,098
11	Fees for services (nonemployees):	15 517	E 276	10 041	
a	Management	15,517	5,276	10,241	
b	Legal	25,361	0 (02	16 700	
C	Accounting	25,361	8,623	16,738	
d	• • • • • • • • • • • • • • • • • • • •				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	0.0 400			
12	Advertising and promotion	36,422			
13	Office expenses	22,353			756
14	Information technology	12,037	1,204	10,231	602
15	Royalties	25 242	10.00		
16	Occupancy	37,949	10,830	27,119	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,524			376
21	Payments to affiliates	17,500		17,500	
22	Depreciation, depletion, and amortization	71,570			
23	Insurance	24,892	4,978	18,669	1,245
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CRITICAL HOME REPAIRS	777,443			,
b	MORTGAGE DISCOUNT EXPENSE	138,103			
C	PROFESSIONAL DEVELOPMENT	17,794		17,794	
d	VEHICLE & EQUIP EXPENSE	16,400			
е	All other expenses	25,102			239
25	Total functional expenses. Add lines 1 through 24e	1,804,457	1,370,761	411,498	22,198
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundralsing solicitation. Check here ▶ If				
	following SOP 98-2 (ASC 958-720)	<u> </u>			
DAA					Form 990 (2021

1 Cash—non-inferest-bearing 1, 0.51, 3.04 1 8.53, 6.97 2 Savings and improrary cach investments 1, 0.51, 3.04 1 8.53, 6.97 3 Savings and improrary cach investments 2.25, 8.76 3 1.99, 8.23 4 Accounts receivable, net 2 2.5, 8.76 3 1.99, 8.23 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 36% controlled entity or family member of any of these persons (as defined under section 4695(f)(1)), and persons described in section 4695(f)(3)(B) 5 5 5 5 5 6 Loans and other receivables from other disqualified persons (as defined under section 4695(f)(1)), and persons described in section 4695(f)(3)(B) 5 5 5 5 7 7 6 10, 3.99 7 Notes and loans receivables, net 5 5 5 5 7 7 6 10, 3.99 8 Prepalad expenses and deferred charges 23, 980 8 26, 302 9 Prepalad expenses and deferred charges 3 5 5 5 5 5 5 10 Land, buildings, and equipment: cost or other basis. Complete Part V of Schedular D 10 1, 250, 639 10 Less: accumulated depreciation 10 1, 250, 639 11 Investments—program-related. See Part V, line 11 12 1 12 1 13 1 1 14 1 14 1 14 1 14 1 1	0000000	7507070	Check if Schedule O contains a response or note to	any lin	e in this Part X	********		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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		33	Total liabilities and net assets/fund balances			2,822,454	33	2,641,792

Check if Schedule O contains a response or note to any line in this Part XI. Total revenue (must equal Part VIII, column (A), line 12). Total expenses (must equal Part VIII, column (A), line 25). Revenue less expensess. Subtract line 2 from line 1. Revenue less expensess. Subtract line 2 from line 1. Revenue less expensess. Subtract line 2 from line 1. Revenue less expensess. Subtract line 2 from line 1. Revenue less expensess. Subtract line 2 from line 1. Revenue less expensess. Subtract line 2 from line 1. Revenue less expensess. Subtract line 2 from line 1. Revenue less expensess. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 2. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2 from line 1. Revenue less expenses. Subtract line 2	Form	990 (2021) NORTHEAST TEXAS HABITAT FOR 75-2040756			Pag	_{le} 12
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		Single Audit Act and OMR Circular A-1332		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits				3l	<u> </u>	

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 **2021**

> Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

| ► Go to www.lrs.gov/Form990 for Instructions and the latest Information.
NORTHEAST TEXAS HABITAT FOR | En

HUMANITY INC

Employer Identification number 75-2040756

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). A school described in section 170(b)(1)(A)(ii).(Altach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X: An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally Integrated A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions), You must complete Part IV, Sections A, D, and E. d 📜 Type III non-functionally integrated A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness regulrement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (III) Type of organization (I) Name of supported (II) EIN (Iv) is the organization (v) Amount of monetary (vI) Amount of (described on lines 1-10 listed in your governing organization support (see other support (see above (see instructions) document? instructions) instructions) Yes No (A) (B) (C) (D)

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ,

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	Section A. Public Support										
Calen	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.")	1,112,145	927,900	1,379,590	1,057,235	1,545,248	6,022,118				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1 through 3	1,112,145	927,900	1,379,590	1,057,235	1,545,248	6,022,118				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)										
6	Public support, Subtract line 5 from line 4						6,022,118				
Sec	tion B. Total Support										
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	1,112,145	927,900	1,379,590	1,057,235	1,545,248	6,022,118				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,834	7,820	5,058	2,092	2,935	20,739				
9	Net income from unrelated business activities, whether or not the business is regularly carried on										
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)										
11	Total support. Add lines 7 through 10						6,042,857				
12	Gross receipts from related activities, etc. (see Instructions)	********			12	691,185				
13	First 5 years. If the Form 990 is for the org	anization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)						
	organization, check this box and stop here)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	******	<u> </u>				
Sec	tion C. Computation of Public Su										
14	Public support percentage for 2021 (line 6,	column (f) divided i	by line 11, column	(f))		14	99.66%				
15	Public support percentage from 2020 Sche		************				99.62%				
16a	33 1/3% support test—2021.If the organi				1/3% or more, che-	ck this					
	box and stop here. The organization qualif						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	33 1/3% support test—2020.If the organi				is 33 1/3% or more	, check					
	this box and stop here . The organization q						>				
17a	10%-facts-and-circumstances test—202										
	10% or more, and if the organization meets										
	Part VI how the organization meets the fact	s-and-circumstanc	es test. The organi	zalion qualifies as a	a publicly supported	d					
	organization					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
b	10%-facts-and-circumstances test—202										
	15 is 10% or more, and if the organization r				•						
	in Part VI how the organization meets the fa		•	•							
4.0	organization		9 40 40 40			********					
18	Private foundation. If the organization did	not check a box or	n line 13, 16a, 16b,	17a, or 17b, check	this box and see						
	Instructions					***************	🕨 🖟				